

**METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE**

**Metropolitan Health Department  
Pollution Control Division  
311 - 23rd Avenue North  
Nashville, Tennessee 37203  
Telephone: (615) 340-5653  
FAX: (615) 340-2142**

**PART 70 OPERATING PERMIT APPLICATION  
FACILITY IDENTIFICATION**

1. Facility Name		FOR APC USE ONLY Facility Identification No: _____ Application Log No: _____ Date of Receipt: _____
Mailing Address (Street/Road/P.O. Box)		
City, State, Zip Code:		
2. Facility Location (Street/Road/Highway):		County Name:
City, State Zip Code:		Phone Number:
3. Owner's Name, if different from facility:		
Owner's Address:		Phone Number:
4. Facility's primary activity and corresponding 4 digit SIC Code(s):		
5. Contact person's name for this permit:	Title:	Phone Number with Area Code: ( )
6. If facility is located in an area designated as "nonattainment", indicate the pollutant(s) for such designation(s) that are emitted by this facility:		
7. List all valid air pollution permit(s) issued to the sources contained in this application (identify all previously issued permits with most recent permit numbers and emission source numbers listed on the permit(s):		
8. Type of permit sought pursuant to this application: (check one)		
Initial Part 70 Operating Permit:		Part 70 Operating Permit Renewal:
Part 70 Operating Permit Modification:		or Revision (Administrative Amendment):
Construction Permit:		Other (specify): _____
9. Owner's Registered agent's name and address for service of process:		Phone Number:
10. Is this facility subject to the provisions governing prevention of accidental releases of hazardous air contaminants contained in Section 112(r) of the Federal Clean Air Act or any Federal regulations promulgated thereunder? Yes: _____ No: _____ If the answer is yes, submit an accidental release plan in accordance with Section 112(r)(7) of the Clean Air Act.		
11. Page Number: _____ Revision Number: _____ Date of Revision _____		

## **INSTRUCTIONS FOR APC FORM V.1:**

### **FACILITY IDENTIFICATION**

Air contaminant sources that are required to obtain a permit in accordance with the Metropolitan Health Department, Division of Pollution Control, Regulation No. 13, "Part 70 Operating Permit Program" must complete and return this form. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him/her to act on the application may result in return of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

### **ONE FORM SHOULD BE INCLUDED WITH EACH APPLICATION.**

### **UNLESS OTHERWISE INDICATED, CORRESPONDENCE WILL BE SENT TO THE CONTACT PERSON AT THE FACILITY LOCATION.**

- Item 1** Provide full business name and address of corporation, company, association, society, firm, partnership, individual or political subdivision submitting the application.
- Item 2** Facility location should indicate the actual source location.
- Item 4** State the facility's primary activity and the first four digits of all applicable standard industrial classification (SIC) code(s) for the facility.
- Item 5** Individual to contact for additional information concerning the air pollution sources during the permitting process. Unless otherwise indicated, all correspondence regarding the application or the operating permit will be sent to the contact person at the facility location.
- Item 6** If applicable, indicate the nonattainment pollutant(s) emitted by this facility.
- Item 7** Identify all previously issued permits (most recent permit numbers) and emission source reference numbers listed on the permit(s).
- Item 8** Indicate the type of permit sought pursuant to this application. For better understanding of the word "modification or revision" used under this item, please refer to "Definitions" of Regulation No. 13, "Part 70 Operating Permit Program" of the Code of the Metropolitan Government of Nashville and Davidson County, Tennessee.
- Item 9** Provide the name and address of the owner's agent for service of process as registered with the Secretary of State.
- Item 10** Sources which are subject to the provisions of Section 112(r) of the Federal Clean Air Act or any federal regulations promulgated thereunder, must file a copy of any plan or submittal required therein with the Director. If such a source is subject to the permitting requirements of Regulation No. 13, "Part 70 Operating Permit Program" of the Code of the Metropolitan Government of Nashville and Davidson County, Tennessee, and has failed to timely file their plan with the United States Environmental Protection Agency, the Director will place them on a schedule of compliance to develop and file the plan. If you have not filed a plan with the EPA and the Director, please prepare a schedule of compliance to develop and file the plan. Attach a list of all substances and activities at this facility that are regulated by Section 112(V) of the Clean Air Act. Sources that have filed an accidental release plan shall annually certify in writing to the Director that they are properly following their accidental release plan.
- Item 11** Page number must be filled in. Revision Number and date of revisions are to be filled in only if the information on this form is being revised.

Any terms not defined in the instruction sheets shall have the same meanings as given to them in Chapter 10.56, "Air Pollution Control" or Regulation No. 13, "Part 70 Operating Permit Program" of the Code of the Metropolitan Government of Nashville and Davidson County, Tennessee.

## **INSTRUCTIONS FOR APC FORM V.1:**

### **FACILITY IDENTIFICATION**

If the RESPONSIBLE OFFICIAL who signed the “Statement of Completeness and Certification of Compliance” finds that he is no longer the responsible person to represent and bind the facility, the new responsible official shall declare himself/herself to the Director by certified mail within 15 days of the change. This declaration shall also include a “Statement of Completeness and Certification of Compliance” signed by the new responsible official and a statement affirming that the information contained in the previous application(s) is still true.

If the REGISTERED AGENT changes, the new registered agent shall declare himself/herself to the Director by certified mail within 15 days of the change.

**IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH “NOT APPLICABLE” OR “N/A”.**